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TRANSMITTAL FORM

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Total Number of Pages in This Submission 10

Application Number	10/784,371
Filing Date	02/23/2004
First Named Inventor	Birinder R. Boveja
Art Unit	2632
Examiner Name	Davetta W. Goins
Attorney Docket Number	

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Response to notice mailing date 11/07/05. 2. Copy of notice.
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Remarks
Return receipt requested.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Birinder R. Boveja		
Date	11/16/05	Reg. No.	

CERTIFICATE OF TRANSMISSION/MAILING

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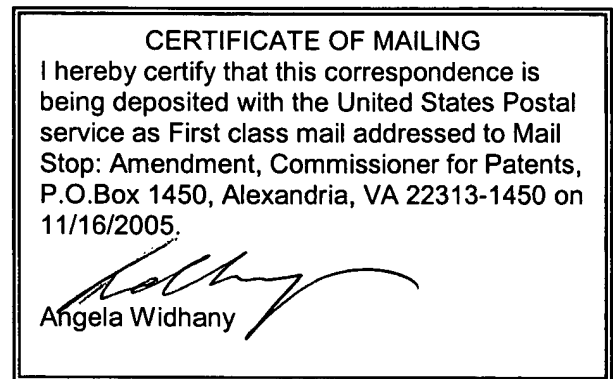
Response to Notice having mailing date 11/07/05

**In re. Application of:
Birinder R. Boveja et al.**

**Application No: 10/784,371
Filed: 02/23/2004**

**For: System and method of utilizing
wireless remote device for
communication, activation and control
of various defense systems for
countering hostile activity aboard an
airplane.**

**Davetta W. Goins
Primary Examiner
Art Group:2632**



Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This response is for notice requiring excess claims fee having mailing date 11/07/2005. The Applicants have now cancelled claims 4-7 previously withdrawn. Since the total number of claims under consideration are less than the total number of claims in the original application the Applicant presumes no additional fee is due.

Applicant requests to amend the claims as follows: